



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES

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TRENTON, NJ 08625-0715

JON S. CORZINE
Governor

www.nj.gov/health

HEATHER HOWARD
Commissioner

We are writing to you regarding your Pharmaceutical Assistance to the Aged and Disabled (PAAD) prescription coverage and your Medicare Part D prescription drug benefits. **Please read this entire letter because it contains important information.**

According to PAAD records, you are currently enrolled in the Silverscript Value plan for your Medicare Part D benefits. Please know that the Silverscript Value plan remains a plan for which PAAD will pay the monthly premiums on behalf of its beneficiaries in 2009. However, Silverscript has increased its prior authorization requirements for some drugs on its 2009 formulary. That means if you stay in the Silverscript Value Plan, your doctor may have to contact Silverscript and provide the plan with clinical reasons as to why you need certain drugs you currently take.

To ensure you continue to receive the drugs you currently take with minimal disruption and to ensure payment of your Medicare Part D premiums by PAAD, the PAAD program will facilitate your move into [NEW_PDP] for your Part D benefits. PAAD will pay the basic or standard plan premium for [NEW_PDP] in 2009, and you will pay no more than your regular PAAD co-payment of \$6 for generic drugs or \$7 for brand name drugs.

As a result of the changes to Silverscript's formulary in 2009, you will have to make one of three choices as a PAAD beneficiary:

1. You may allow PAAD to enroll you into [NEW_PDP]. We chose [NEW_PDP] for you based on your past prescription drug usage and the pharmacy you use. [NEW_PDP] will enroll you soon and directly send you a new membership card. [NEW_PDP] will become effective January 1, 2009. You may use your Silverscript Value plan membership card through December 31, 2008. When you receive the Medicare Part D membership card from [NEW_PDP], please show it along with your current PAAD card at the pharmacy in 2009. If you are mistakenly billed directly for premiums by [NEW_PDP], please call PAAD immediately at 1-800-792-9745 and ask for the COB Unit so we may work with you to correct this situation. Or,

2. You may wish to remain in the Silverscript Value Plan. If this is the case, you must notify us in writing or call us by [REPLY_DATE]. Be sure to include your: (1) full name, (2) PAAD identification number, (3) Medicare identification number, and (4) your phone number. Write to us at PAAD, COB Unit, PO Box 715, Trenton, NJ 08625-0715, or call us at the **PAAD Hotline 1-800-792-9745** and ask for the COB Unit. Please understand that if you choose this option, your doctor may have to contact Silverscript to request prior authorizations before some of your prescriptions can be filled in 2009. Or,
3. If you by DO NOT wish to be enrolled in [NEW_PDP] that PAAD chose for you, and you wish to be enrolled in a different Medicare Part D prescription drug plan, you must notify us in writing or call us by [REPLY_DATE] and advise us of your alternate selection. Be sure to include your: (1) full name, (2) PAAD identification number, (3) Medicare identification number, and (4) your phone number. Write to us at PAAD, COB Unit, PO Box 715, Trenton, NJ 08625-0715, or call us at the **PAAD Hotline 1-800-792-9745** and ask for the COB Unit.

REMEMBER: You must be enrolled in a Medicare Part D plan to keep your PAAD membership. If you choose to stay or enroll in a Medicare Part D plan for which PAAD does not pay the premium, you will be responsible for paying the entire monthly premium yourself directly to that plan.

Please note two special circumstances that may affect your ability to be enrolled in a Medicare Part D prescription drug plan:

- a) You may have a Medicare Advantage plan, which means that the health insurance benefits you get through Medicare Parts A and/or B are provided by a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO). When you belong to a Medicare Advantage plan, you can only get Medicare prescription drug coverage from your same Medicare Advantage plan. It is important that you let PAAD know you are enrolled in a Medicare Advantage plan so that we do not enroll you in a different drug plan. If you were to enroll in a different drug plan, you automatically would be disenrolled from your Medicare HMO or PPO and returned to the original Medicare Plan. To tell us if you are in a Medicare Advantage HMO or PPO, call the toll-free **PAAD Hotline 1-800-792-9745** or write to us at PAAD, COB Unit, PO Box 715, Trenton, NJ 08625-0715. Be sure to include your: (1) full name, (2) PAAD identification number, (3) Medicare identification number, and (4) your phone number and (5) a copy of the front and back of your Medicare Advantage card.

- b) You may have prescription coverage for yourself or as a dependent of your spouse through a retiree or union health plan, which has notified you to NOT enroll in a Medicare prescription drug plan. It is very important that you tell PAAD if this is the case. Otherwise, we will enroll you in a Medicare Part D prescription drug plan, and you may lose your prescription, health and/or medical benefits from your retiree or union health plan. To tell us if you are in a retiree or union health plan that has notified you to not enroll in a Medicare prescription drug plan, call the toll-free **PAAD Hotline 1-800-792-9745** or write to us at PAAD, COB Unit, PO Box 715, Trenton, NJ 08625-0715. Be sure to include your: (1) full name, (2) PAAD identification number, (3) Medicare identification number, and (4) your phone number and (5) a copy of the letter or notice from your retiree or union health plan stating that you should not enroll in Medicare Part D.

Thank you for your cooperation. If you have questions, please call the toll-free **PAAD Hotline 1-800-792-9745** and ask for the COB Unit.

Sincerely,

The PAAD Program